

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration submitted after Initial Filing

Attorney Docket Number

20000542

First Named Inventor

Adam Louis Buchsbaum

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method For Fast Network-Aware Clustering

(Title of Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on _____ as United States Application Number or PCT International

Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of an application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) below.

Application Number(s)	Filing Date(MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
60/215,302	06/30/2000	
60/234,511	09/22/2000	

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

Attorney Docket Number: 2000-0542

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/603,154	07/23/2000	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

Place Customer Number Bar Code Label here

OR

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
CONOVER, Michele L.	34962	DELACRUZ, Cedric G	36498
DWORETSKY, Samuel H.	27873	STEINMETZ, Alfred G.	22971
ISACSON, Thomas M.	44166	LEE, Benjamin S.	42787
LEAVY, Robert B.	28234	MCGAHAN, Susan E.	35948
MONKA, Gary H.	35290	NAVON, Jeffrey M	32711

☒ I also appoint the following additional registered practitioner(s) named on the Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C modified by AT&T Corp.) attached hereto with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Direct all Correspondence to:

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

NAME	Samuel H. Dworetsky				
ADDRESS	AT&T CORP. P.O. Box 4110				
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COUNTRY	United States of America			FAX	732-368-6932

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor

Name	Adam Louis Buchsbaum		
Signature		Date	
Citizenship	United States		
Address (line 1)	6 Glen Avenue		
Address (line 2)	Cranford		
Address (line 3)	Union County		
Address (line 4)	New Jersey		
Address (line 5)	USA		
Zip Code	07016		

☒ Additional Inventors are being named on the 1 separately numbered sheets attached hereto

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Name	Glenn Stephen Fowler		
Signature		Date	
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Address (line 3)	Union County		
Address (line 4)	New Jersey		
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Signature		Date	
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Zip Code	10003		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Signature		Date	
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Address (line 2)	White Plains		
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Name			
Signature		Date	
Citizenship			
Address (line 1)			
Address (line 2)			
Address (line 3)			
Address (line 4)			
Address (line 5)			
Zip Code			

**Registered Practitioner
Information
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number
RESTAINO, Thomas A.	33444	GARG, Rohini K.	45272
SZWERC, Christine	43177		

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